

## **Section II**

### **Invoicing**

The following information is included in this section:

- I. When to Invoice
- II. How Often to Invoice
- III. Invoice Structure
- IV. Length of Invoice Processing Time
- V. Reimbursement Claim Forms

#### **I. When to Invoice**

Once all signatures for the contract have been secured and approved it is considered finalized and you may begin to spend money in accordance with the contract.

As you make purchases or conduct classes, you may begin invoicing the Department for reimbursement. Regarding equipment purchases, you may only submit invoices for equipment that has been purchased and you are in possession of a final invoice. The Department does not issue reimbursement on a purchase order. Regarding scholarship reimbursement, you may only request payment for classes completed.

If all invoicing procedures are not followed, your invoice will be returned for correction.

#### **II. How Often to Invoice**

You may choose to submit one invoice once all purchases have been made and all classes have been conducted. You may also invoice the Department on an ongoing basis as money is spent. The Department is not authorized to issue payment to a contractor more frequently than once a month.

### **III. Invoice Structure**

In order to expedite your reimbursement, it is important to ensure that your reimbursement request contains all of the information listed below. Please submit Reimbursement Claim Form and copies **in triplicate** of the items listed in sections A, B and C. (*Exception: Cii.*)

The following pieces of information should be included on each request for reimbursement you submit:

#### **A. Contractor's Cover Page**

A letter from your organization that requests payment from the Department is necessary in order to receive a reimbursement. This letter should include:

- The name of your organization (Name must match the name on the contract)
- The address of your organization (If the address where you want the payment sent differs from the address of your organization, you must indicate this on the letter and reimbursement request as well)
- The name and address of the Department of Boating and Waterways

The Department of Boating and Waterways  
2000 Evergreen Street, Suite 100  
Sacramento, CA 95815  
Attention: Aquatic Center Boating Safety Grant Program

Make sure the envelope containing your reimbursement request contains the entire address/contact name listed above in order to ensure that it is not misrouted.

- The contract number
- A request for reimbursement ("Please pay the following")
- The total amount requested for reimbursement.
- Name and number of a person to contact if questions arise.

## **B. Reimbursement Claim Form**

Use the department forms provided to summarize your invoices. You may download these forms on our website at <http://www.dbw.ca.gov/AquaticGrant.asp>

## **C. Supplementary Documentation**

### **i. Equipment Grants--Copies of the dealer/manufacture invoices**

Dealer or Manufacturer invoices showing that you have purchased items must accompany all requests for payment.

If submitting a dealer/manufacture invoice for reimbursement that contains additional items you have purchased that are not included in the contract, please circle the items that are part of the reimbursement on the dealer invoice and add the appropriate tax.

Reminder: These invoices must be the final invoice. The Department cannot issue payment from a purchase order.

### **ii. Scholarship Contracts—Class List**

Along with the Reimbursement Claim Form and summary, you must provide a class list showing the actual people who received training in the program. Only one class list needs to be submitted with reimbursement requests.

The class list must include the following:

- a. Name and cost of the course
- b. The date the course was conducted
- c. Names and addresses of the students served and cost per student.
- d. Total of invoice

Note: Some contractors are legally unable to submit the names and addresses of persons under 18 years of age. If this is the case, please list the following instead:

- a. Name and Cost of the Course
- b. The date the course was conducted.
- c. Name of organization/school associated with students
- d. Contact name/number of person associated with student group
- e. Cost per student
- f. Total of invoice

In case of a program audit, please keep the names of the students in your files, should we need to conduct a confidential audit.

#### **IV. Length of Invoice Processing Time**

The length of time to process an invoice varies. When the request for reimbursement arrives, it is compared to the budget page of the contract to ensure the expenditures were authorized. Every attempt is made to move invoices out of the unit within 1 week of receipt. As stated, once the invoice is approved, it is sent to our administrative unit for further processing. They verify that the payment is legitimate, that there is still money in your contract, and then list it on a claim schedule that is sent to the State Controllers Office. Claim schedules are usually sent to the State Controller's Office once a week. The Controller's Office actually cuts the check and mails it to you. The Controller's Office has 2 weeks in which to act on incoming requests for payment.

Therefore, it is not unusual for at least one month to elapse between the time that you request reimbursement to the time you receive payment.

#### **Expedited Payments**

Many of the organizations that we contract with are fairly large and waiting a month for payment does not present a problem. However, we recognize that some organizations are very small and this process presents a hardship. Therefore, we do our best to accommodate you by trying to expedite payments in special cases. Please let us know if you need us to expedite your payment by calling us and alerting us that you are forwarding a payment, so we can be watching for it in the mail. Even if we are able to process your payment in-house in just a few days, the State Controller usually takes the full 2 weeks to issue payment and does not take expedite requests. Therefore, even in expedited cases, there will be a return time of 2 ½ to 3 weeks.

#### **V. Reimbursement Claim Form - EXAMPLES -**

Agency Name (Contractor) (Check will be made payable to the party listed below)	Contract Number
Mailing Address	Invoice Number(s)

Budget Line Item #	Manufacturer	Manufacturer Invoice #	Item	Item Approved Budget Page? (Y/N)	Cost	Qty.	Ext.
		Total				\$	

*The above information is accurate and complete according to the contract. I affirm that all items were purchased in accordance with the contract or any approved extension.*

Program Director Signature-Authorized	Print Name and Title	Telephone Number	Date Signed
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Agency Name (Contractor) (Check will be made payable to the party listed below)	Contract Number
Mailing Address	Invoice Number(s)

Budget Line Item #	Course Name / Description	Date(s) Conducted	Item Appear Approved Budget Page? (Y/N)	Number of Students Per Course	Cost of Student per course	Cost Extension
					Total	

*The above information is accurate and complete according to the contract. I affirm that all items were purchased in accordance with the contract or any approved extension.*

Program Director Signature-Authorized	Print Name and Title	Telephone Number	Date Signed
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